



PATENT  
450100-03200

2179

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Hideyuki Agata, et al.  
Serial No. : 09/844,563  
Filing Date : April 27, 2001  
For : INFORMATION PROCESSING APPARATUS AND  
METHOD AND PROGRAM AND PROGRAM  
STORAGE MEDIUM  
Examiner : Truc T. Chuong  
Group Art Unit : 2179  
Confirmation No. : 3012

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 7, 2005.

Thomas F. Presson, Reg. No. 41,442  
(Name of Applicant, Assignee or Registered Representative)

  
Signature

June 7, 2005  
Date of Signature)

**AMENDMENT UNDER 37 C.F.R. § 1.121**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 10, 2005, having a three-month statutory period for response set to expire on June 10, 2005, please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.



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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =22	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** =4	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson  
Signature

June 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

Thomas F. Presson  
Thomas F. Presson  
Reg. No. 41,442  
Tel: 212-588-0800